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## \*BIBDATASHEET\*

CONFIRMATION NO. 2975

Bib Data Sheet

SERIAL NUMBER 09/672,829	FILING DATE 09/29/2000  RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. P65973US0
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APPLICANTS

Cathal McGloin, Dublin, IRELAND;  
Raymond McGloin, Dublin, IRELAND;

\*\* CONTINUING DATA \*\*\*\*\*

*msk* *None*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IRELAND PCT/IE00/00074 06/08/2000  
IRELAND 990665 08/03/1999

*msk* *Verified*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 12/06/2000

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IRELAND	SHEETS DRAWING 8	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>msk</i> Examiner's Signature Initials				

ADDRESS

136  
JACOBSON HOLMAN PLLC  
400 SEVENTH STREET N.W.  
SUITE 600  
WASHINGTON , DC  
20004

TITLE

Performance management system

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____



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<b>SERIAL NUMBER</b> 09/672,829	<b>FILING DATE</b> 09/29/2000 <b>RULE</b> -	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2151	<b>ATTORNEY DOCKET NO.</b> P65973US0
<b>APPLICANTS</b> Cathal McGloin, Dublin, IRELAND; Raymond McGloin, Dublin, IRELAND; None				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b> PCT/IE00/00074 06/08/2000 IRELAND 990665 08/03/1999				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/06/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IRELAND	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 15
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 136				
<b>TITLE</b> Performance management system				
<b>FILING FEE RECEIVED</b> 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	